

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

MICHIGAN DEPARTMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

	I 11 Name and Address of Denositories or Intended Denositaries
1. Committee ID #: 1374/6	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan
P-1 1	Association)
2. Type of Filing:	
V Original	a. Official Depository
Amendment to Items: Eff. Date:/_/_	Commundy Central Bank 100 H Mann Mt Clement M 48091
<u>""</u>	Community Centres Revice
3. Full Name of Committee:	100 K Main
Comme Han to Elect America Advisor	AM Claman MI IN DYA
Committee to Elect Bregory Murra	p. Secondary Depository
A Committee Full Manual Name (Care Street SES).	
4a. Candidate Full Name (Last, First, M.I.):	
Murray Gregory A	
Murvay Chrosory A 4b. Political Party (if applicable).	h
	12. This item applies only to Gubernatorial Candidate
4c. County of Residence:	Committees: Check if this committee intends to seek qualifying
	contributions or make qualifying expenditures.
Macomb 4d. Office Sought (Check one):	
l	13. ELECTRONIC FILING: This item applies to committees that file
□Governor □Lt. Governor □State Senator	
☐ State Rep. ☐ Sec. of State ☐ Attorney Gen.	with the Michigan Department of State Bureau of Elections only and
□State Bd. of Ed. □UofM Reg. □MSU Trustee	does not apply to candidates that file with the County Clerk's office.
□WSU Gov. □Supreme Court □Appeals Court	
	The Campaign Finance Act requires any committee that files
□Circuit Court □District Court □Probate Court	with the Secretary of State and spends or receives \$20,000 in the
☐ Municipal Court	preceding calendar year OR expects to receive or spend \$20,000
Okocal or other please specify: School Board	in the current calendar year to file campaign statements
int Chemens	electronically. Merts Plus software is provided to you free of
4e. District/Circuit # or Jurisdiction:	charge to assist you in meeting this requirement.
4e. District/Circuit # or Junsalction:	charge to assist you in meeting this requirement.
and my seal of the	
5, Date Committee was Formed: 64/5/54	☐ Committee spent or received or expects to spend or receive in
i '	excess of \$20,000 and is required to file electronically.
6a. Committee Phone #: (5%) 610 - 2330	** OR **
	Committee did not spend or receive or does not expect to spend
6b. Committee Fax #: ()	or receive in excess of \$20,000 and would like to file electronically
OU. Committee Carrier	
6c. Committee E-mail Address:	voluntarily.
i oc. Committee E-man Address.	
	lourne de colonier de la latin de la l
N. St. Addison (March BO Flori)	14. Verification: I/We certify that all reasonable diligence was used
7a. Complete Comm. Mailing Address (May be PO Box):	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are
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7a. Complete Comm. Mailing Address (May be PO Box): 33 985 Hamper Ru #101	in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or
7a. Complete Comm. Mailing Address (May be PO Box): 33 985 Harper Rd #101 Clinton Jourshyo, 111 48085	in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures
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STATEMENT OF ORGANIZATION RECEIPT AND COMMITTEE IDENTIFICATION NUMBER ASSIGNMENT

Γ	٦			
CTE GREGORY MURRAY 33985 HARPER RD. #101 CLINTON TWP., MI 48035				
L	_1			
Original Statement of Organization — Acknowledgement of Receipt This acknowledges receipt of the Orginal Statement of Organization from the committee named above Date and time received: APRIL 29, 2004 @ 12:01 P.M.				
		Committee Identification Number Assignment		
			as been assigned to your committee. This number mus nents, reports, correspondence or other communications	
		USE THIS NUM	BER ON ALL DOCUMENTS	
	137416			
Carmelle Labourgh	APRIL 29, 2004			
Signature	Date			
MACOMB				
South				